Open Enrollment Application

2010-2011 School Year

Deadline: March 1, 2010   September 1, 2010 for Kindergarten

Name of Student _____ Date of Birth: _____

1. Grade Level for 2010-2011 _____   2. Female _____   Male _____

3. Race/Ethnicity
(Optional: This information is requested for the sole purpose of collecting demographic data.)

Asian ☐   Native Hawaiian or Other Pacific Islander ☐   White ☐
Black or African American ☐   Hispanic ☐   American Indian/Alaskan Native ☐

4. Parent/Guardian_____
Telephone _____
   Note: It is helpful to have more than one number. H=home W=work C=cell

Address_____

   Street/Box   City   Zip   County

5. Resident District _____Attendance Center_____

6. District Requested _____Attendance Center* _____

   *Request does not guarantee placement

7. If this application is a request to continue education in the former district of residence
following a move to a new district. _____ Continuation of Education

8. If the resident district has a diversity plan, please indicate if the applicant has a
sibling currently under open enrollment? If yes, please provide the following:
Sibling:
   Name_____
   Address _____
   District/School open enrolled _____

9. The parent/guardian is requesting the following (check all that apply).

   Regular Education _____   Special Education _____

   Home School (CPI) _____   Home School Assistance Program _____

   Dual Enrollment-Academic _____   Dual Enrollment-Activity Program _____

10. Is the student currently under suspension or expulsion from school?   ___No___ Yes
    If yes, when will the suspension/expulsion be completed? _____

11. This section should be completed IF the application is being filed after March 1.

Qualifications for Good Cause	Date of Change
a) Family moved to new district of residence (including a move from another state)	_____
b) Change in student's district of residence due to parents' marital status	_____
c) Change in student's district of residence due to placement in foster care	_____
d) Change in student's district of residence due to adoption	_____
e) Change in student's district of residence due to treatment program for substance abuse or mental health	_____
f) Participation in foreign exchange program	_____
g) Failure of negotiations for reorganization or whole grade sharing	_____
h) Loss of accreditation or revocation of a private or charter school	_____
i) Pervasive harassment or severe health. Briefly describe events occurring after March 1 or provide the name of a district employee familiar with the student.	

_____
_____
_____

12. Check here if you are requesting transportation assistance. _____

    If yes, attach proof of income to application and number in household.

I certify the above information is true and I have sent a copy of this form to my resident district and to the district I want my child to attend.

_____
Signature of Parent or Guardian   Date

CAUTION: Knowingly providing false information on this form will invalidate the application.

Receiving District

The receiving district has the authority to take action on all applications except those listed below (a & b). The receiving district has authority to act on applications received before and **after** the deadline.

 a) Student alleges pervasive harassment or student has severe health condition that cannot be adequately served in home district
 b) **Resident** district had a diversity plan.

Date application was received: _____

Approved _____

<div align="center">Date   Signature of Superintendent</div>

Denied _____

<div align="center">Date of School Board Action   Signature of Superintendent</div>

If denied, indicate reason:

_____ Request was not filed by March 1 and does not meet good cause.

_____ Insufficient classroom space

_____ Student under suspension or expulsion

_____ Appropriate special education program is not available.

_____ _____ _____ _____ _____ _____ _____ _____ _____ _____

Resident District

Resident district is taking action on this application because of the following:

_____ Resident district has a diversity plan on file with Department of Education.

_____ Student alleges pervasive harassment that began or escalated after March 1.

_____ Student has a severe health condition that began or escalated after March 1.

Approved _____

<div align="center">Date   Signature of Superintendent</div>

Denied _____

<div align="center">Date of School Board Action   Signature of Superintendent</div>

If denied, indicate reason:

_____ Does not meet Diversity Plan criteria

_____ Does not meet criteria for pervasive harassment

_____ Does not meet criteria for severe health condition